

CLAIMS ONLY						Application Number <i>6/6/05</i>	Filing Date		
						Applicant(s)			
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1	/					51			
2		/				52			
3		2				53			
4	/					54			
5	/					55			
6	/					56			
7	/					57			
8	/					58			
9	/					59			
10	/					60			
11	/					61			
12	/					62			
13	/					63			
14	/					64			
15	/					65			
16	/					66			
17		2				67			
18		2				68			
19	/					69			
20	/					70			
21	/					71			
22	/					72			
23	/					73			
24	/					74			
25	/					75			
26	/					76			
27	/					77			
28	/					78			
29	/					79			
30	/					80			
31	/					81			
32	/					82			
33	/					83			
34	/					84			
35	/					85			
36	/					86			
37	/					87			
38	/					88			
39	/					89			
40	/					90			
41	/					91			
42	2					92			
43	2					93			
44	/					94			
45	/					95			
46	/					96			
47	/					97			
48						98			
49						99			
50						100			
Total Indep	7					Total Indep			
Total Depend	45					Total Depend			
Total Claims	52					Total Claims			